

CITY OF CROWN POINT

APPLICATION FOR CONTRACTOR'S LICENSE

__ NEW

__ TEST REQUIRED

_ LAKE COUNTY LICENSE

(Must attach copy of results)

(Must attach a copy of CURRENT Lake Co. license)

1.	Application/Owner Name:	Date	:		
2.	Lake Co. License Holder or Test Applicants Name:				(If Required)
	Position:				
3.	Business Name:	Phone: _			
4.	Business Address: City:		State	_ Zip:	
5.	E-Mail Address (Required):				
6.	PLUMBER – STATE REGISTRATION NUMBER Give Contractor Number Give Corporation Number * Attach copy of State Plumbing Cards		_		
	Back Flow Tester IDEM # and/or a copy of S	tate Letter			
7.	LICENSE TYPE:				
	GENERAL COMBINATION GENERAL RESIDENTIAL				
8.	LICENSE FEE (NEW)	(Please see list f			
	(If a Test was required attach a copy	of the Approv	al Certifi	cate)	
9.	Owner Individual Co-Partnership Corporation _				
10	. Names of Partners or Corporation Officers (Please List):				
	Name: Title:		_ Phone:		
	Name:Title:		_ Phone:		
11.	One (1) Copy of Photo ID	Attached			
12.	Copy of Recorded Unified License Bond	Attached			
13.	Copy of Liability & Property Damage (Contractor) Insurance	Attached			
	Copy of Workers Compensation Insurance (If you do not have Workers Compensation Insurance you MUST have a copy of for Independent Contractors Only, if you have employees you MUST have World				E NOTE Exemptions ar
15.	How long have you been engaged in the Contracting Business	Years			
16.	Do you hold any Contractors License in any other City or State?	Yes N	No		
	Where?				_
16.			No		_

17. Have you ever been convicted in Indiana or any other state of obtaining money under false pretenses, extortion, for embezzlement or criminal conspiracy to defraud, filed bankruptcy or other like offenses? Yes No
If Yes, explain nature of the charge, date of conviction, court and location where convicted, sentence imposed and explain whether the sentence or disposition has been completed.
18. Are you currently under indictment or charge by information for the offense of any of the above charges? Yes No If yes, explain the nature of the charge and the status of the case
19. IS your Lake County CONTRACTORS BOND in effect? Yes No
20. Do you understand the State of Indiana Building Codes, required inspections AND required permits?
Yes No
21. Do you understand that the City of Crown Point Ordinance No. 2012 08-16 regarding the Licensing and Registration
of Contractors is applicable? Yes No
22. In Witness whereof, I have hereunto subscribed my name this day of
, 20, in the County of, State of
·
Drivers License Number State of Issue
(Applicant Signature)
(Applicant Address) (City, State, Zip Code)
s/s:, legal resident of County,
State of, having been sworn, or having affirmed before me, declares that he/she is the person described in the foregoing application and that all the statements contained in the said answers are true to the best of his/her knowledge and belief.
s/s:
Sworn and subscribed to before e this Day of, 20, in
the County of, State of Notary Public Signature Commission Expires

A Self-Addressed stamped envelope <u>must</u> be provided to mail your Registration to you.

IF ALL PAPERWORK IS NOT SUBMITTED, APPLICATION WILL BE RETURNED.

Contact (219) 662-3235 with questions regarding licensing and (219) 662-3239 with questions regarding testing.

Instructions for filling in Contractor's License Application form:

- 1. Applicant's Name (not business name) or Owner's name
- 2. Lake County license holder or Test Applicant's name (the person holding the current Lake County license or the name of the person taking the test). Position is the position they hold with the Business applying for license.
- 3. Business name (name of the business; can be the same as the above if the business carries the same name)
- 4. Business address (where you can be reached)
- 5. E-mail address is required (business e-mail address)
- 6. Plumber's state registration number (must be supplied)
- 7. Type of License (check the appropriate type)
- 8. New License fee
- 9. Check category, indicating whether an owner, individual, partnership or corporation
- 10. Give names of individuals involved in your company
- 11. Attach a copy of a photo ID (driver's license, passport, state ID)
- 12. Attach a copy of the Recorded Unified License Bond
- 13. Attach a copy of Liability & Property Insurance Policy
- 14. Attach a copy of your Worker's Compensation or Waiver
- 15. Length of service in contracting business
- 16. List any other Contractors Licenses you carry
- 17. If it pertains to you, fill it in
- 18. If it pertains to you, fill it in
- 19. Is your **Recorded Bond** in effect
- 20. Check yes or no
- 21. Check yes or no
- 22. Complete this section in its entirety, your signature must be notarized

Fee Schedule for New Contractors Licenses

Contractor License Fee \$100.00

Fees to Renew Contractors License

Renewal fees are due and payable by December 31st of each year the License registration is issued.

HVAC Renewal Fee	\$75.00*
General & Specialty License Renewal	\$75.00*
Plumbers Registration Renewal Fee	\$75.00*
Electrical License Renewal Fee	\$75.00*

^{*}Includes \$50.00 renewal fee plus \$25.00 for application and processing fee

Insurance and Bond Requirements

All Contractors performing work in the City of Crown Point, Indiana are required by State Law and City Ordinance to have a Five Thousand Dollar (\$5,000.00) Unified License Bond which must be recorded in the Lake County Recorder's Office and a Certificate of Insurance before being submitted with the Contractor's Licensing Application Form. It is necessary to record the Unified License Bond but it is not necessary to record your Certificate of Insurance.

Areas covered under the insurance requirements are Property Damage and Personal Liability in the amount of Five Hundred Thousand Dollars (\$500,000.00) for each occurrence, or an umbrella form of One Million Dollars (\$1,000,000.00)

Please Note: The Bond must read – The Board of Commissioners of the County of Lake, State of Indiana (Must be RECORDED)

Please Note: The Certificate of Insurance holder must be:

City of Crown Point 101 N. East Street Crown Point, IN 46307

Bond and Insurance **MUST** state the scope of work.

Make Check or Money Order payable to: City of Crown Point

Please Note: All Foreign Corporations m must submit a Certificate of Authority from the Indiana Secretary of State. Their phone number is (317) 232-6576.

Plumbers who possess a valid Indiana Plumbers License are not required to take any test, but they must be registered with the Licensing Division of the City of Crown Point to perform work in the City of Crown Point, Indiana. This also applies to Licensed Well Diggers.

Please have your bond correct – your insurance company should be able to issue a Rider to correct any wording of your recorded bond. Have your insurance company fax a copy of the Rider to our office – riders are not to be recorded. Our fax number is (219) 662-3378 – Attention Clerk Treasurer's Office. Contact (219) 662-3235 with questions regarding licensing and (219) 662-3239 with questions regarding testing.